SCHMITT WOODLAND HILLS

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RICHLAND CENTER 53581 Phone: (608) 6	47-8931	Ownership:	Non-Profit Corporation
Operated from 1/1 To 12/31 Days of Ope	ration: 366	Highest Level License:	Skilled
Operate in Conjunction with Hospital?	No	Operate in Conjunction with CBRF?	Yes
Number of Beds Set Up and Staffed (12/31/	04): 25	Title 18 (Medicare) Certified?	Yes
Total Licensed Bed Capacity (12/31/04):	25	Title 19 (Medicaid) Certified?	Yes
Number of Residents on 12/31/04:	20	Average Daily Census:	22

	Age, Gender, and Primary Di	agnosis	of Residents (1	12/31/04)	Length of Stay (12/31/04)	%
No Ves	Primary Diagnosis	% 	Age Groups 	용 	 Less Than 1 Year 1 - 4 Years	45.0 45.0
Yes	Developmental Disabilities	0.0	Under 65	0.0	More Than 4 Years	10.0
No Yes	Mental Illness (Org./Psy) Mental Illness (Other)	20.0	65 - 74 75 - 84	0.0 5.0		100.0
No	Alcohol & Other Drug Abuse	0.0	85 - 94	90.0	********	*****
No	Para-, Quadra-, Hemiplegic	10.0	95 & Over	5.0	Full-Time Equivalent	
No	Cancer	5.0			Nursing Staff per 100 Res	idents
No	Fractures	0.0		100.0	(12/31/04)	
No	Cardiovascular	0.0	65 & Over	100.0		
Yes	Cerebrovascular	5.0			RNs	27.0
No	Diabetes	0.0	Gender	%	LPNs	5.8
No	Respiratory	0.0			Nursing Assistants,	
	Other Medical Conditions	5.0	Male	15.0	Aides, & Orderlies	65.0
No			Female	85.0		
		100.0	İ			
No			İ	100.0	İ	
	No Yes Yes No Yes No No No No No No No No No No No No No	No Primary Diagnosis Yes Yes Developmental Disabilities No Mental Illness (Org./Psy) Yes Mental Illness (Other) No Alcohol & Other Drug Abuse No Para-, Quadra-, Hemiplegic No Cancer No Fractures No Cardiovascular Yes Cerebrovascular No Diabetes No Respiratory Other Medical Conditions No	No	No	No	No

Method of Reimbursement

		edicare itle 18			edicaid itle 19		Other		Private Pay			Family Care			Managed Care					
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	309	7	100.0	133	0	0.0	0	6	100.0	156	4	100.0	133	0	0.0	0	20	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0		7	100.0		0	0.0		6	100.0		4	100.0		0	0.0		20	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution	of Residents'	Conditio	ns, Services, an	nd Activities as of 12,	31/04
beaths buring Reporting Period				%	Needing		Total
Percent Admissions from:		Activities of	%	Assi	stance of	% Totally	Number of
Private Home/No Home Health	9.1	Daily Living (ADL)	Independent	One O	r Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0		45.0	55.0	20
Other Nursing Homes	1.8	Dressing	5.0		30.0	65.0	20
Acute Care Hospitals	76.4	Transferring	5.0		80.0	15.0	20
Psych. HospMR/DD Facilities	0.0	Toilet Use	5.0		70.0	25.0	20
Rehabilitation Hospitals	0.0	Eating	30.0		55.0	15.0	20
Other Locations	12.7	********	******	*****	******	********	******
Total Number of Admissions	55	Continence		%	Special Treatmen	nts	%
Percent Discharges To:		Indwelling Or Extern	nal Catheter	15.0	Receiving Resp	piratory Care	15.0
Private Home/No Home Health	33.3	Occ/Freq. Incontiner	nt of Bladder	60.0	Receiving Trac	cheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontiner	nt of Bowel	50.0	Receiving Suct	cioning	0.0
Other Nursing Homes	1.9				Receiving Osto	omy Care	0.0
Acute Care Hospitals	11.1	Mobility			Receiving Tube	e Feeding	0.0
Psych. HospMR/DD Facilities	0.0	Physically Restraine	ed	0.0	Receiving Mech	nanically Altered Diets	40.0
Rehabilitation Hospitals	0.0						
Other Locations	16.7	Skin Care			Other Resident C	Characteristics	
Deaths	37.0	With Pressure Sores		5.0	Have Advance D	Directives	90.0
Total Number of Discharges		With Rashes		10.0	Medications		
(Including Deaths)	54	İ			Receiving Psyc	choactive Drugs	65.0

Selected Statistics: This Facility Compared to All Similar Rural Area Facilities & Compared to All Facilities

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	Ownership:			Bed	Size:	Lic	ensure:		
	This	Non	profit	Und	er 50	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	88.0	87.4	1.01	89.3	0.99	85.9	1.02	88.8	0.99
Current Residents from In-County	80.0	76.6	1.04	69.8	1.15	75.1	1.06	77.4	1.03
Admissions from In-County, Still Residing	12.7	21.5	0.59	25.5	0.50	20.5	0.62	19.4	0.66
Admissions/Average Daily Census	250.0	125.9	1.99	99.1	2.52	132.0	1.89	146.5	1.71
Discharges/Average Daily Census	245.5	124.5	1.97	97.4	2.52	131.4	1.87	148.0	1.66
Discharges To Private Residence/Average Daily Census	81.8	51.0	1.60	36.5	2.24	61.0	1.34	66.9	1.22
Residents Receiving Skilled Care	100	95.2	1.05	82.6	1.21	95.8	1.04	89.9	1.11
Residents Aged 65 and Older	100	96.2	1.04	91.9	1.09	93.2	1.07	87.9	1.14
Title 19 (Medicaid) Funded Residents	35.0	69.6	0.50	70.2	0.50	70.0	0.50	66.1	0.53
Private Pay Funded Residents	30.0	21.4	1.40	17.0	1.76	18.5	1.63	20.6	1.46
Developmentally Disabled Residents	0.0	0.4	0.00	0.9	0.00	0.6	0.00	6.0	0.00
Mentally Ill Residents	75.0	40.3	1.86	59.1	1.27	36.6	2.05	33.6	2.23
General Medical Service Residents	5.0	17.9	0.28	9.8	0.51	19.7	0.25	21.1	0.24
Impaired ADL (Mean)	64.0	47.6	1.35	50.6	1.27	47.6	1.35	49.4	1.30
Psychological Problems	65.0	57.1	1.14	52.8	1.23	57.1	1.14	57.7	1.13
Nursing Care Required (Mean)	8.8	7.3	1.20	5.4	1.63	7.3	1.20	7.4	1.18